

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

**Questions and Answers
Regarding the New and Modified Service Definitions**

Diagnostic Assessment

Service Definition Component	Question	Answer	New or Revised Answer?
Service Definition	Diagnostic Assessment states Person Centered Plan doesn't have to be finished for 30 days. What about Medicaid requirements for plan on next visit?	Community Support and Targeted Case Management for Individuals with Developmental Disabilities are authorized for the 1 st 30 days for the coordination of the Diagnostic Assessment.	
Service Definition	Medicaid Guidelines say that a treatment plan must be written and signed by staff and client before we can bill for services. Am I correct in interpreting that we have 30 days to develop the Person Centered Plan and getting it signed. Can we still bill for services before this plan is signed and in place? Is this part of treatment?	The existing Medicaid Guidelines will be revised based on the new Medicaid policy. Yes, you have 30 days to develop the Person Centered Plan, while providing the authorized comprehensive service (e.g., Community Support, Targeted Case Mgt. for DD, or a service to address emergent/urgent needs of the consumer). As long as a service is authorized, you can	

Service Definition Component	Question	Answer	New or Revised Answer?
		bill for it, and any authorized service is considered part of treatment.	
Service Definition & Expected Outcomes	What provisions are in place to deliver immediate services to clients who come in with immediate needs if Diagnostic Assessment cannot be immediately provided, but intensive services are clearly needed?	Community Support and Targeted Case Management for Individuals with Developmental Disabilities will be immediately available, and the consumer can access crisis services at any time without prior authorization. Authorization should be acquired within 48 hours for crisis services.	
Service Definition & Entrance Criteria & Expected Outcomes	Do you need to do a Diagnostic Assessment if the consumer needs detoxification? How does the Diagnostic Assessment fit with the Screening/Triage/Referral process?	No. Consumer does not need Diagnostic Assessment to access detoxification services. Diagnostic Assessment can be completed post discharge.	
Service Definition	Will the Person Centered Plan serve as the service order?	The Diagnostic Assessment, as a component of the Person Centered Plan, will serve as the Service Order. <u>Initial</u> service orders will be generated when needs are: <ul style="list-style-type: none"> • Emergent. 	

Service Definition Component	Question	Answer	New or Revised Answer?
		<p>Screening/triage will result in referral to crisis services staff. Crisis service staff will generate service orders for services, such as Substance Abuse Detoxification, Inpatient Hospitalization, Respite, Mobile Crisis;</p> <ul style="list-style-type: none"> • Urgent. Screening/triage will result in referral for crisis services. Crisis Services staff will generate a service order for services, such as, ACTT, CST, SAIOP, SACOT, Respite. • Urgent. During development of Diagnostic Assessment or Person Centered Plan, the Community Support or Targeted Case Management staff may 	

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		<p>determine urgent need; then generate a service order for services, such as ACTT, CST, SAIOP, SACOT, Respite.</p> <ul style="list-style-type: none"> • Routine: Diagnostic Assessment and Person Centered Planning will initiate service orders. 	
Service Definition & Expected Outcomes	Does Diagnostic Assessment become service order?	<p>The Diagnostic Assessment, as a component of the Person Centered Plan, will serve as the Service Order.</p> <p><u>Initial</u> service orders will be generated when needs are:</p> <ul style="list-style-type: none"> • Emergent. Screening/triage will result in referral to crisis services staff. Crisis service staff will generate service orders for services, such as Substance Abuse Detoxification, Inpatient Hospitalization, Respite, Mobile Crisis; 	

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		<ul style="list-style-type: none"> • Urgent. Screening/triage will result in referral for crisis services. Crisis Services staff will generate a service order for services, such as, ACTT, CST, SAIOP, SACOT, Respite. • Urgent. During development of Diagnostic Assessment or Person Centered Plan, Community Support or Targeted Case Mgt. staff may determine urgent need; then generate a service order for services, such as ACTT, CST, SAIOP, SACOT, Respite. • Routine: Diagnostic Assessment and Person Centered Planning will initiate service orders. 	

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Service Definition	Does the Service Order cover only the first 30 days?	There are initial service orders for emergent, urgent, and routine needs. The service order covers the period of time after the 1 st 30 days. The signed Diagnostic Assessment serves as the Service order and the services identified in the Diagnostic Assessment must be incorporated into the Person Centered Plan.	
Service Definition	If diagnostic assessment serves as the order for services, where and how do you justify for medical necessity and order additional services after the first 30 days? Is order for services & authorization for services the same? If not, how & where do they differ?	Through the Diagnostic Assessment, one of the designated professionals must write an order for new paid services added to the Person Centered Plan. Authorization for additional services that are already included in the Person Centered Plan go through the appropriate Utilization Review process. Service Order is strictly a determination, usually by the provider, of the Medical Necessity for a service. Authorization is conducted by the LME or state vendor to	

Service Definition Component	Question	Answer	New or Revised Answer?
		determine the duration and intensity of the service.	
Service Definition & Program Requirements	Is the completion of a Diagnostic Assessment required for the authorization and receipt of Enhanced Benefits?	Yes, for new consumers. On the next anniversary date for current consumers, the need for a Diagnostic Assessment would be assessed.	
Service Definition	Is the diagnostic assessment the service order? Do we still need the service order to establish the medical necessity and indicate the type of service that has been ordered? Medicaid Guidelines specify a “service order” prior to billing for services.	Yes, the Diagnostic Assessment is considered a service order when it is completed, and signed by the required licensed professionals. The Service Order establishes medical necessity. The existing Medicaid Guidelines will be revised based on the new Medicaid policy.	
Service Definition	Will the current clinical initial intake disappear with the new diagnostic assessment?	There will continue to be a Screening needed prior to Diagnostic Assessment.	
Service Definition	Diagnostic Assessment – is it sent to LME prior to Person Centered Plan?	No. Diagnostic Assessment is part of the Person Centered Plan.	
Service Definition	Diagnostic Assessment /Person Centered Plan - how do they remain at the clinical home if consumer revises choice?	Clinical home would have to move if the consumer's choice requires such.	

Service Definition Component	Question	Answer	New or Revised Answer?
Service Definition & Service Exclusions/Limitations	What is the difference between the Diagnostic Assessment and an evaluation, code 90801?	Diagnostic Assessment is a required service for a new consumer entering the service system for enhanced benefits. A 90801 service is an evaluation to augment the Diagnostic Assessment as necessary. A 90801 can also be utilized for Basic Benefits.	
Service Definition & Staffing Requirements	How involved does the psychiatrist have to be? The definition mentions that 2 QPs must be involved, and one of the QPs “must be a physician, licensed psychologist, physician’s assistant, or nurse practitioner.” It also mentions the “psychiatrist shall review all psychiatric and medical functional areas in a consumer’s Diagnostic Assessment”. What actions by the psychiatrist would actually qualify as the “review”?	Each member of the two-person team must perform the Diagnostic Assessment face to face with the consumer. The language regarding a review by a psychiatrist was removed because a face to face assessment is requirement.	
Service Definition & Provider Requirements	May the screenings (which are now typically being done by the LMEs' access/triage	Screening is an LME function and already paid for within the administrative costs of the	

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& Utilization Management	teams) be done by the private provider? (if consumer walks in)? Then, by a simple phone call, get the diagnostic assessment authorized by the LME? What is the process for authorization? How would that authorization be "assured" if by phone call only? Must each LME agree to this process?	Performance Contract. Check with your LME.	
Service Definition	Can you have two primary diagnoses?	Yes.	
Service Definition & Expected Outcomes	If diagnostic Assessment reveals Autism as a primary diagnosis, which is on Axis I of the Diagnostic and Statistical Manual - IV, but considered a developmental disability - which service?	Yes, there would be a need for a developmental disability service, such as Developmental Therapy.	
Provider Requirements	Can an LME conduct Diagnostic Assessment?	In general, the private providers, who are endorsed by the LME and enrolled with DMA, will conduct the Diagnostic Assessment. However, if an LME meets the <u>Criteria for the Approval</u>	

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		<u>of Direct Service Provision by Area Authorities and County Programs</u> , that agency can conduct Diagnostic Assessment. [The criteria can be found by clicking on the Bulletin #16 link at http://www.dhhs.state.nc.us/mhddsas/announce/index.htm].	
Provider Requirements	Must a provider actually employ the licensed Qualified Professionals to conduct Diagnostic Assessments, or could a provider contract with those Qualified Professionals to perform the service?	The term “employ” includes contract relationships. So, providers may contract with licensed Qualified Professionals to conduct Diagnostic Assessments.	New – 6/13/05
Staffing Requirements	What is the team that conducts the Diagnostic Assessment? Are all team members required to be present during the Diagnostic Assessment?	The team is composed of a minimum of two Qualified Professionals, both of whom are licensed or certified clinicians and who also meet the requirements set out in Rule 10A NCAC 27G.0104 (http://www.dhhs.state.nc.us/mhddsas/manuals/aps/apsm30-1total7-04.pdf). The two licensed or certified Qualified Professionals must	Revised – 6/13/05

Service Definition Component	Question	Answer	New or Revised Answer?
		<p>sign the Diagnostic Assessment, and one of the two Qualified Professionals, who sign the Diagnostic Assessment must be licensed in one of the four following professions: Physician, licensed psychologist, physician's assistant, or nurse practitioner.</p> <p>For substance abuse-focused Diagnostic Assessment, the team must include a Certified Clinical Addiction Specialist or Certified Clinical Supervisor. For developmental disabilities-focused Diagnostic Assessment, the team must include a master's level Qualified Professional with at least two years experience with the developmental disabilities population.</p> <p>Diagnostic Assessment must be conducted by practitioners employed by a MH/SA</p>	

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		provider that is endorsed by the applicable LME.	
Staffing Requirements	For dx assessment, does the face to face requirement apply to the MD/Ph.D./DD/PA as well as the QP?	Yes.	
Staffing Requirements	Do both signatures have to represent face to face contact with consumer?	Yes.	
Staffing Requirements	What does “face-to-face” contact mean?	“Face-to-face” contact is intended to mean that the contact must be either in person (i.e., consumer and licensed professional in the same room) or via telepsychiatry (i.e., consumer and licensed professional interacting through real time audio & video information technology).	New – 6/13/05
Staffing Requirements	Who signs the service order?	The team is composed of a minimum of two Qualified Professionals, both of whom are licensed or certified clinicians and who also meet the requirements set out in Rule 10A NCAC 27G.0104 (http://www.dhhs.state.nc.us/mhddsas/manuals/aps/apsm30)	Revised - 6/13/05

Service Definition Component	Question	Answer	New or Revised Answer?
		<p>-1total7-04.pdf).</p> <p>The two licensed or certified Qualified Professionals must sign the Diagnostic Assessment, and one of the two Qualified Professionals who sign the Diagnostic Assessment must be licensed in one of the four following professions: Physician, licensed psychologist, physician's assistant, or nurse practitioner.</p> <p>For substance abuse-focused Diagnostic Assessment, the team must include a Certified Clinical Addiction Specialist or Certified Clinical Supervisor. For developmental disabilities-focused Diagnostic Assessment, the team must include a master's level Qualified Professional with at least two years experience with the developmental disabilities population.</p>	

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Staffing Requirements	Why is it that this assessment can only be done by Ph.D., MD, NP, and PA, excluding MSW, LCSW, ACSW, LPC, and LMFT? If their professional licensure or certification authorizes the LCSW, ACSW, LPC, and LMFT to diagnose mental illness or addictive disorders, why wouldn't they be allowed to do it under this service definition?	It is a Medicaid restriction. However, a Qualified Professional, who is Licensed Clinical Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist can contribute to and sign the Diagnostic Assessment , but not replace those four licensed professionals, one of whom must sign the service order (i.e., Diagnostic Assessment).	Revised - 6/13/05
Staffing Requirements & Service Exclusions/Limitations	Some LPCs are qualified to administer Level III assessments independently, as are licensed psychologist (if specifically trained). We administer cognitive evaluations in lieu of a neuropsychologist administering neuropsychological testing. Is it reasonable to think that we would be able to administer our assessments in addition to the dx assessment or as part of	A Qualified Professional who is a Licensed Clinical Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist can contribute to and sign the Diagnostic Assessment , but not replace those four licensed professionals (i.e., licensed physician, licensed psychologist, physician assistant, nurse practitioner), one of whom must sign the	Revised – 6/13/05

Service Definition Component	Question	Answer	New or Revised Answer?
	the dx assessment?	<p>Diagnostic Assessment.</p> <p>A neuropsychological testing report would not replace the Diagnostic Assessment. However, neuropsychological testing conducted by a Licensed Professional Counselor could be incorporated into the Diagnostic Assessment, with one signature from the Licensed Professional Counselor and another signature from one of the four licensed professionals (noted above) designated in the Service Definition.</p>	
Staffing Requirements	Can a Ph.D. in social work or counseling do diagnostic assessment along with MD, etc.?	A Qualified Professional who is a Licensed Clinical Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist can contribute to and sign the Diagnostic Assessment , but not replace those four licensed professionals (i.e., licensed physician, licensed	Revised – 6/13/05

Service Definition Component	Question	Answer	New or Revised Answer?
		psychologist, physician assistant, nurse practitioner), one of whom must sign the Diagnostic Assessment.	
Staffing Requirements	Could a doctoral level licensed psychologist who is a Psy.D. serve as the 2nd QP required for Diagnostic Assessment?	A licensed psychologist, who has a Psy.D., has been determined by the Division of Medical Assistance to be one of the four licensed Qualified Professionals who are designated to sign the Diagnostic Assessment.	Revised - 6/13/05
Staffing Requirements	Is any licensed practicing psychologist (e.g. Ed. D.) qualified to participate in the assessment? What about Ph. D. in social work, family relations etc.?	As written in the service definition, the term, licensed psychologists, refers only to those psychologists who have Ph.D.s or Psy.D.s. However, other licensed professionals can contribute to and sign the Diagnostic Assessment, but not replace those four licensed professionals, one of whom must sign the service order (i.e., Diagnostic Assessment). Refer to the Division of Medical Assistance.	Revised – 6/13/05
Staffing Requirements	What about individuals that have Ph.D's in areas other	As written in the service definition, the term, licensed	Revised – 6/13/05

Service Definition Component	Question	Answer	New or Revised Answer?
	<p>than psychology signing off on assessments?</p> <p>My Ph.D. is in family relations & master's is in community agency counseling.</p>	<p>psychologists, refers only to those psychologists who have Ph.D.s or Psy.D.s. However, other licensed professionals can contribute to and sign the Diagnostic Assessment, but not replace those four licensed professionals, one of whom must sign the service order (i.e., Diagnostic Assessment). Refer to the Division of Medical Assistance.</p>	
Staffing Requirements	Who would actually perform the Diagnostic Assessment?	<p>Provider makes the determination as to which licensed or certified Qualified Professionals will be involved in the Diagnostic Assessment, but must ensure that two participating professionals see the consumer face to face and adhere to the following requirements:</p> <p>The team is composed of a minimum of two Qualified Professionals, both of whom are licensed or certified clinicians and who also meet the requirements set out in Rule 10A NCAC 27G.0104</p>	Revised – 6/13/05

Service Definition Component	Question	Answer	New or Revised Answer?
		<p>(http://www.dhhs.state.nc.us/mhddsas/manuals/aps/apsm30-1total7-04.pdf).</p> <p>The two licensed or certified Qualified Professionals must sign the Diagnostic Assessment, and one of the two Qualified Professionals who sign the Diagnostic Assessment must be licensed in one of the four following professions: Physician, licensed psychologist, physician's assistant, or nurse practitioner.</p> <p>For substance abuse-focused Diagnostic Assessment, the team must include a Certified Clinical Addiction Specialist or Certified Clinical Supervisor. For developmental disabilities-focused Diagnostic Assessment, the team must include a master's level Qualified Professional with at least two years experience</p>	

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		with the developmental disabilities population.	
Staffing Requirements	Nurse Practitioner: Does this title refer to a registered nurse? What are the qualifications?	<p>A Nurse Practitioner is a registered nurse with the additional qualifications noted below:</p> <p>Nurse practitioners approved to practice in North Carolina and certified by the American Nurses Credentialing Center as an advanced practice nurse practitioner and certified in psychiatric nursing</p> <p>The Division of Medical Assistance (DMA) shall extend to nurse practitioners who are certified in another specialty with (2) two years of documented mental health experience. These nurse practitioners will be enrolled under a sunset clause that will require psychiatric certification at the end of a (5) five year period. IF this certification is not obtained by</p>	

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		June 30, 2010, enrollment will be terminated.	
Staffing Requirements & Program Requirements	Will the 2 professional Qs meet client at the same time ?	Not necessarily, but the activity must be coordinated across the team members.	
Staffing Requirements	Do the 2 required professionals (Master Level Clinician and Psychologist, PA, etc.) have to complete the Assessment jointly, simultaneously or can it be done in separate segments?	Either way.	
Staffing Requirements	Who is responsible for acquiring the MD, PA, NP or Ph.D.? Is it the provider or the LME?	The provider is responsible.	
Staffing Requirements	Medicaid requires for documenting who performs the service? Concerns about 1 bill but 2 Q's names on same day.	Billing is for one service, not for the components of the Diagnostic Assessment.	
Staffing Requirements	In a rural area getting this Diagnostic Assessment done will be challenging. Can more professionals be trained up to do Diagnostic Assessments?	No. However, there is a Workforce Development Plan to develop the current availability of licensed/certified professionals within the	

Service Definition Component	Question	Answer	New or Revised Answer?
		designated groups to be able to do Diagnostic Assessment.	
Staffing Requirements	Is there a standard curriculum required? In how much time – will this training need to be provided?	No. There is no training requirement in the Diagnostic Assessment service definition. However, the Division of MH/DD/SAS will endorse curricula that cover the content of the service definition.	
Staffing Requirements	With the no wrong door concept, is the idea that any/all providers can conduct the initial assessment as opposed to selected assessment providers? If all providers are not assessment providers, the fact of a consumer walking into a provider agency and essentially “choosing” that provider is confusing. Where does the diagnostic assessment fit into this? Who does the assessment?	No, only a provider agency that is endorsed by the LME to conduct the Diagnostic Assessment can do so.	
Service Type/Setting	Can someone walk in to a provider that’s never been to	Yes. LME would need to be contacted to authorize the	

Service Definition Component	Question	Answer	New or Revised Answer?
	the LME?	Diagnostic Assessment.	
Program Requirements	Can a consumer have their diagnosis, target pop, and benefits package determined through just a 90801 or are those factors determined only with a Diagnostic Assessment?	Yes, but in order to acquire Enhanced Benefits, a Diagnostic Assessment and Person Centered Plan are required.	
Program Requirements	Does the entire assessment have to be provided in one day?	No, but consumer's schedule should be considered.	
Program Requirements & Service Exclusions/Limitations	Western Highlands: For substance abuse-focused Diagnostic Assessment the team must include a CCS or a CCAS. It is unclear if face-to-face time will be required by a CCS or CCAS. There will be significant barriers to service if the Diagnostic Assessment is required prior to admission to Swain, First Step Farm or Neil Dobbins. It should also be noted that consumers are limited to one Diagnostic Assessment per year. The ASAM status of SA	<p>Diagnostic Assessment and Person Centered Plan are required prior to admission to residential services.</p> <p>Face to face assessment is required by the CCS or CCAS for people with substance abuse needs.</p> <p>Code 90801 evaluations can be provided for the changing needs of any consumer.</p>	

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	consumers can vary significantly over the course of a year and consumers may need to receive varying levels of service during that time frame.		
Utilization Management & Service Exclusions/Limitations	New service code for Diagnostic Assessment?	Yes, the new code is T1023.	
Utilization Management	Diagnostic Assessment referral has to come from the LME?	Yes	
Utilization Management	One Diagnostic Assessment per year. When does year start Diagnostic Assessment to Diagnostic Assessment ?	The year starts from the date of the previous Diagnostic Assessment.	
Utilization Management	What if a consumer needs a second Diagnostic Assessment within one year?	LME would have to authorize it.	
Utilization Management	Will diagnostic assessment need to be pre authorized for Medicaid clients?	Yes, it needs to be pre-authorized for any consumer. It has to be pre-authorized by the LME following the initial screening. Subsequent need for a Diagnostic Assessment will be determined during the	

Service Definition Component	Question	Answer	New or Revised Answer?
		annual update of the Person Centered Plan.	
Utilization Management & Entrance Criteria	UM - draft definition states "for individuals eligible for enhanced benefit services, referral by the LME for Diagnostic/Assess is required. How do you know prior to an assessment if a client is eligible for enhanced services?	The Screening makes an informed presumption about the eligibility for Enhanced Services.	
Utilization Management	When is the Person Centered Plan due? On the day of the Diagnostic Assessment or w/in 30 days of the Diagnostic Assessment? Can the enhanced service be provided during that 30 days?	Person Centered Plan is due within 30 days from the date of the authorization for Diagnostic Assessment and Community Support or Targeted Case Management, if needs are routine. For consumers with urgent needs, certain Enhanced Services can be provided within the 1 st 30 days with authorization.	
Utilization Management	Suppose an individual shows up at the provider, we telephone the LME for authorization for Diagnostic Assessment, we find the person needs to be started on anti-depressants TODAY, can	New persons with emergent needs should be referred to crisis services. For new persons with urgent needs, certain Enhanced Services can be provided	

Service Definition Component	Question	Answer	New or Revised Answer?
	treatment be started? What happens to the person if not?	within the 1 st 30 days with authorization.	
Utilization Management	Has there been any thought of having an automatic authorization of a limited amount of Community Support so that there is an opportunity to gather information without having a Diagnostic Assessment?	Yes. The first 30 days of Community Support and Targeted Case Management for Individuals with Developmental Disabilities will serve to monitor the development of the Person Centered Plan and the Diagnostic Assessment. Additional services may be requested as necessary through Community Support and Targeted Case Management for Individuals with Developmental Disabilities during the Diagnostic Assessment, prior to the completion of Diagnostic Assessment.	
Utilization Management	If the Diagnostic Assessment is the service order/authorization for 30 days, will the LME continue to issue a RAF for first 120 days of the residential treatment?	All residential services must be pre-authorized for admission after July 1, 2005. No, the provider will request prior authorization through the LME or Value Options.	

Service Definition Component	Question	Answer	New or Revised Answer?
	Or Will the provider go straight to value options 30 days after the Diagnostic Assessment signed?		
Entrance Criteria	When does Diagnostic Assessment need to be done for emergent /urgent/routine?	In emergent and urgent situations, clinical acuity should be addressed immediately. Diagnostic Assessment can be completed within the next 30 days after consumer stabilizes.	
Entrance Criteria	Will all of our current consumers need a diagnostic assessment? (I.e. clients who currently receive ACTT and case mgt.)	No, for current consumers, if their clinical condition has been clearly assessed and documented, there is no need for Diagnostic Assessment.	
Entrance Criteria	Will people who have co-occurring MR/MI needs receive Diagnostic Assessments?	Yes.	New – 6/13/05
Entrance Criteria & Service Exclusions/Limitations	What kind of transition is planned for clients who are already receiving services that are considered as “enhanced” services? Can they be grandfathered in and not required to have and	For current consumer whose clinical needs have been clearly assessed and documented, a Diagnostic Assessment would be due within the 12 months following the date of the	

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	immediate Diagnostic Assessment? If so, would there be a requirement for a Diagnostic Assessment at a later time? Could the use of Diagnostic Assessment begin with new clients entering the system and not existing clients?	implementation of the new service definitions.	
Expected Outcomes	Can you be referred to Intensive In Home provider from a Diagnostic Assessment without getting Community Support? - so that the In Home provider becomes responsible for coordinating the Child and Family Team to develop the Person Centered Plan?	Community Support and Targeted Case Management for Individuals with Developmental Disabilities are immediately identified as the “clinical home”. However, when emergent/urgent situations require immediate stabilization that service can be provided with a service order prior to the completion of the Person Centered Plan and the Diagnostic Assessment.	
Expected Outcomes	What are the audit implications for this service regarding when a Diagnostic Assessment is done relative to	TO BE DETERMINED.	

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	other services being provided? Will there be a hold harmless agreement?		
Expected Outcomes	Will all consumers need a diagnostic assessment to qualify for enhanced services after 7/1/05	Yes, for new consumers coming into the system.	
Documentation Requirements	Full service note – what documentation is required by Diagnostic Assessment?	The assessment itself is the documentation	
Documentation Requirements	Will there be a standard form for conducting Diagnostic Assessment?	The essential elements are identified in the service definition. DMH/DD/SAS will not require a specific form.	
Documentation Requirements	Currently we are a private provider and complete an LME intake/assessment and bill that assessment through the LME, when we complete the intake we complete all the state forms required under the LME (Diagnostic Report, Target Pop. Forms, CAFAS, etc.) When we directly bill Medicaid and complete a Diagnostic Assessment will	TO BE DETERMINED.	

Service Definition Component	Question	Answer	New or Revised Answer?
	those state forms be required? Who completes them?		
Service Exclusions/Limitations	Does service order need to be redone after 30 days?	For new consumers not requiring crisis services, 30 days of Community Support or Targeted Case Management will be pre-authorized. Following that a service order will be required according to the Diagnostic Assessment and Person Centered Plan.	
Service Exclusions/Limitations	Can 90801 be billed after 30 days? What about 3-6-9-months, or for evaluations?	Based on the Person Centered Plan, if additional clinical questions arise, a 90801 may be conducted and billed.	
Service Exclusions/Limitations	If a psychiatrist is involved in the Diagnostic Assessment can they also bill a 90801 evaluation the next 30 day period before the Person Centered Plan is developed? How about after the 30 day period? Can one psychiatrist be involved in the assessment and then a different psychiatrist conduct a 90801?	No. Diagnostic Assessment is a component of the Person Centered Plan, both of which are completed during the 30 day period. A discipline involved in the Diagnostic Assessment cannot conduct a 90801 for the consumer. The Division of Medical Assistance's policy states that a 90801 can be billed by the	

Service Definition Component	Question	Answer	New or Revised Answer?
		<p>same provider only 1 time every 6 months.</p> <p>If a psychiatrist is billing for a diagnostic assessment, there would be no need for the 90801.</p> <p>If one psychiatrist is involved in the diagnostic assessment, there should not be a need for another psychiatrist to conduct a psychiatric interview?</p>	
Service Exclusions/Limitations	If a client is getting discharged from the hospital and needs enhanced services, but does not have a previous Diagnostic Assessment, can the Diagnostic Assessment be provided in the hospital by their staff or by using evaluation already completed by hospital staff?	Yes, as long as the assessments are completed by the appropriately qualified professionals and contain the essential elements specified in the service definition for Diagnostic Assessment.	